

# RELOCATION CLAIM

## BUSINESS/FARM/NON-PROFIT

Information required by Act 31, P.A. 1970 as amended, and  
Act 277 P.A. of 1972, to process payment

Claimant's Name:			
Claimant's Address:			
Acquired Property Address and Phone:		Replacement Property Address and Phone:	
<b>CONTROLLING DATES</b>			
Date of first written offer:		Date of move:	
Date of final acquisition payment:		Date move verified:	
Date of estimated just compensation payment:			
<b>Claim must be filed 18 months after date of move, date of final acquisition payment or date of estimated just compensation payment, whichever is later.</b>			
<b>BUSINESS TYPE</b>			
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant			
<input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Non-Profit <input type="checkbox"/> Landlord <input type="checkbox"/> Government			
<b>RELOCATION PAYMENTS</b>			
Moving Expenses:		\$	
Reestablishment Expenses: (NOT TO EXCEED \$25,000)		\$	
Fixed Payment: (In Lieu of – NOT TO EXCEED \$40,000)		\$	
<b>AMOUNT DUE:</b>		\$	
Remarks:			
<b>CLAIMANT'S SIGNATURE</b>			
I/We agree payment will be sent to:			
I/We certify that:			
1. All information submitted is true and correct and applies to the reestablishment of the replacement property. 2. I/We have not submitted any other claim, or received reimbursement from any other source for expenses itemized on this claim. 3. I/We have vacated or will vacate the state acquired property. 4. I/We am/are a legal resident of the United States.			
CLAIMANT'S SIGNATURE:		DATE:	CLAIMANT'S SIGNATURE:
			DATE:
<b>MDOT'S REVIEW AND APPROVAL</b>			
I/We certify that I/we have examined this claim and the substantiating documentation and have found it to conform to the applicable State and Federal Laws and the operating procedures of the Michigan Department of Transportation.			
RECOMMENDED BY:		DATE:	APPROVED BY:
			DATE:
AGENCY	JOB NO	PARCEL	NAME

This document is being provided for reference only. Any use of the document or language from the document should be done with the consultation of your attorney.

<b>MOVING EXPENSES (supported by receipts/documentation)</b>	
<input type="checkbox"/> Commercial Move	<input type="checkbox"/> Self Move – Actual
<input type="checkbox"/> Self Move - Estimated	
Moving cost (Per commercial mover bill or estimate)	\$
Searching Expenses (not to exceed \$2,500)	\$
Other (list below)	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
<b>AMOUNT DUE</b>	<b>\$</b>
<b>RE-ESTABLISHMENT EXPENSES (supported by receipts/documentation)</b>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
<b>AMOUNT DUE (NOT TO EXCEED \$25,000)</b>	<b>\$</b>
ELIGIBLE REESTABLISHMENT EXPENSES	INELIGIBLE REESTABLISHMENT EXPENSES
<ul style="list-style-type: none"> <li>Repairs or improvements to the replacement site as required by federal, state or local law, code or ordinance</li> <li>Modifications to the replacement site or structures to accommodate the business</li> <li>Construction and installation of exterior signs to advertise the business</li> <li>Redecoration or replacement of soiled or worn surfaces at the replacement site (i.e. paint, paneling or carpeting)</li> <li>Advertising of the replacement site</li> <li>Estimated increased cost of operation during the first two years at the replacement site (i.e. rent, utilities, taxes and insurance)</li> <li>Other expenses deemed essential to the Reestablishment of the business</li> </ul>	<ul style="list-style-type: none"> <li>Purchase of capital assets (i.e. office furniture, filing cabinets, machinery, fixtures)</li> <li>Purchase or manufacturing materials, production supplies, product inventory or other items used in the normal course of business</li> <li>Interest on money borrowed to make the move or purchase the replacement site</li> <li>Cost of new construction</li> <li>Payment for a part-time business in the home which does not contribute materially to the displacee's total income. Contribute materially is defined as having two years' average annual gross receipts of \$5,000, average annual net earnings of \$ 1,000 OR contributing at least 33 percent toward the business owner's total gross income from all sources.</li> </ul>
<b>FIXED PAYMENT (supported by documentation)</b>	
<p>A business, farm or non-profit organization that moves, discontinues or changes its operation, may be eligible to receive a Fixed Payment. If the displacee opts for this payment, they are NOT eligible to claim Moving Expenses or Reestablishment Expenses. A Fixed Payment shall not be less than \$1,000 or more than \$40,000. A landlord is NOT eligible for a Fixed Payment.</p>	
<p><b>BUSINESS OR FARM:</b></p> <p>\$ _____ + \$ _____ = \$ _____ divided by 2 = \$ _____</p> <p style="text-align: center;">Year 1                      Year 2                      TOTAL                      AVG. ANNUAL NET EARNINGS (FIXED PAYMENT)</p>	
<p><b>NON-PROFIT:</b></p> <p>\$ _____ + \$ _____ = \$ _____ divided by 2 = \$ _____ - \$ _____ = \$ _____</p> <p style="text-align: center;">Year 1                      Year 2                      TOTAL                      AVG. ANNUAL GROSS REVENUE                      ADMINISTRATIVE EXPENSES                      FIXED PAYMENT</p>	
<b>AMOUNT DUE (NOT LESS THAN \$1,000 OR MORE THAN \$40,000)</b>	<b>\$</b>